

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 750520

**Entity Name:** FLORIDA AVIATION HISTORICAL SOCIETY, INC.

**Current Principal Place of Business:**

14607 BREWSTER DRIVE  
LARGO, FL 33774-4822

**Current Mailing Address:**

PO BOX 127  
INDIAN ROCKS BEACH, FL 33785-0127

**FEI Number: 59-2103284**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BROWN, WARREN MD DR  
14607 BREWSTER DRIVE  
LARGO, FL 33774-4822 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            SECRETARY  
Name            NEWCOMB, CLIVE  
Address        801 CHESTNUT ST.  
                  #1313  
City-State-Zip: CLEARWATER FL 33756

Title            PRESIDENT  
Name            FLETCHER, MARY  
Address        939 BEACH DRIVE NE  
                  #504  
City-State-Zip: ST. PETEREBURG FL 33701

Title            DT  
Name            BROWN, WARREN JMD DR  
Address        14607 BREWSTER DR.  
City-State-Zip: LARGO FL 33774-4822

Title            D  
Name            BARNES, WILLIAM H  
Address        132 LAKESHORE DR. N.  
City-State-Zip: PALM HARBOR FL 34684

Title            D  
Name            BUSTON, WILLIAM L  
Address        4318 13TH AVE. N.  
City-State-Zip: SAINT PETERSBURG FL 33713-5202

Title            DIRECTOR  
Name            FIORE, CHRIS  
Address        1612 MADRID DRIVE  
City-State-Zip: LARGO FL 33778

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: WARREN J. BROWN, M.D.**

**TREASURER**

**03/19/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date